

COPY

1 JEFF W. REISIG
2 DISTRICT ATTORNEY OF YOLO COUNTY
3 By: Robert A. Gorman/176092
Supervising Deputy District Attorney
301 Second Street
Woodland, California 95695
4 Telephone: (530) 666-8180
Entry No.: 258198
5 Attorney for People

FILED
YOLO SUPERIOR COURT

SEP 24 2018
Y. GODINEZ
Deputy

9
10 SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF YOLO

11
12 THE PEOPLE OF THE STATE OF
CALIFORNIA,

Dept. 1

Case No. 18005541

13 COMPLAINT

14 Plaintiff,

15 vs.

16 KEVIN DOUGLAS LIMBAUGH

17 Defendant(s)

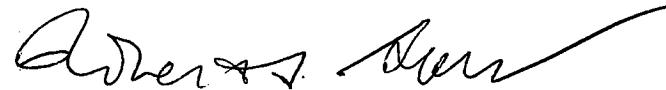
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19
20 I, the undersigned, say, on information and belief, that in
21 the County of Yolo, State of California:

22
23 Count 1 : On or about September 20, 2018, KEVIN DOUGLAS
24 LIMBAUGH did commit a FELONY, namely, a violation of Section
25 243(d) of the California Penal Code, BATTERY WITH SERIOUS BODILY
26 INJURY, in that KEVIN DOUGLAS LIMBAUGH did willfully and
27 unlawfully use force and violence and inflict a serious bodily
28 injury, as defined in Section 243(f)(4) of the California Penal

1 Code, upon the person of another, to wit, G.M..

2 I declare under penalty of perjury that the foregoing is
3 correct.

4 Executed on September 21, 2018, at Woodland, California.

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7 Robert A. Gorman/176092
Supervising Deputy District Attorney

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1 Brent Cardall,
2 Chief Probation Officer
3 Of Yolo County
4 By: Brenda L. Gage
5 Supervising Probation Officer
6 2780 E. Gibson Rd.
7 Woodland, CA 95776
8 (530) 406-5320
9 (530) 661-1211 facsimile
10 probation@yolocounty.org

11 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

12 IN AND FOR THE COUNTY OF YOLO

13 THE PEOPLE OF THE STATE
14 OF CALIFORNIA,

15 Plaintiff,

16 vs.

17 KEVIN DOUGLAS LIMBAUGH,

18 Defendant.

19 COURT NO.: 18-5541

20 PROB. NO.: 269219

21 MEMORANDUM OF THE
22 PROBATION OFFICER

23 PROP 63

24 NEXT COURT DATE: TBD
25 DEPARTMENT: TBD

DATE OF CONVICTION: 10/29/2018

QUALIFYING OFFENSE: PC 243(d)/17(b)(4)

A review of the Automated Firearms System (AFS) revealed the following:

There are no firearms registered to the defendant
 There are firearms registered to the defendant

The defendant submitted the Prohibited Persons Relinquishment Form on. The defendant complied with the mandated deadline pursuant to Penal Code Section 29810.

1 The defendant submitted the Prohibited Persons Relinquishment
2 Form on 11/13/2018. The defendant failed to comply with the
3 mandated deadline pursuant to Penal Code Section 29810.

4 The defendant failed to submit the Prohibited Persons
5 Relinquishment Form. The defendant failed to comply with the
6 provisions of Penal Code Section 29810.

7 The defendant has registered firearms and has complied with Penal
8 Code Section 29810.

9 The defendant has registered firearms and has not complied with
10 Penal Code Section 29810. The following documents are still
11 outstanding:

- Prohibited Persons Relinquishment Form
- Firearm Disposition Receipt

10 A review of YCSO Report Number 18-2521 indicated the following:

- There is no indication that the defendant owns, possesses,
or has custody of a firearm
- The defendant may own, possess, or have custody of a firearm

11 The following documents are attached:

- Automated Firearm's System Response
- Prohibited Persons Relinquishment Form (no firearms to declare)
- Prohibited Persons Relinquishment Form**
- Firearm Disposition Receipt**

12 Collateral Information:

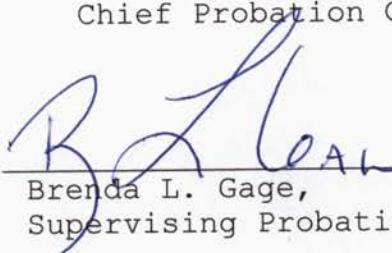
13 BOF form 1022 was submitted previously.

14 On November 9, 2018, the defendant, via his Power of Attorney,
15 relinquished a Bushmaster AR-15 rifle to the Davis Police
16 Department. Documentation is attached.

1 DATE: 11/19/2018

2
3 Respectfully submitted,

4 BRENT CARDALL,
5 Chief Probation Officer

6 By: 
7 Brenda L. Gage,
8 Supervising Probation Officer

9
10 Cc: District Attorney
11 Public Defender



CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form
(Penal Code 29810)



Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but not limited to magazines, clips, speed loaders, and autoloaders.

A. Prohibited Person Information (Defendant):

Last Name: <i>Limbaugh</i>	First Name: <i>Kevin</i>	Middle Name: <i>Douglas</i>		
Physical Residence Address: <i>501 E Street</i>		City: <i>Davis</i>	State: <i>CA</i>	Zip Code: <i>95616</i>
Date of Birth (mm/dd/yyyy): <i>08/10/1970</i>	California Driver License or Identification No.: <i>D5997551</i>	Sex: <i>M</i>	Phone No. (include area code): <i>530-312-1817</i>	

B. Firearm(s) Information (To report additional firearm(s), use supplemental form (BOF 1023)):

<i>Initial</i>	I do not own, possess, or have under my custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines.				
Signature			Date		
Firearm Type: <input type="radio"/> Handgun <input checked="" type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number: <i>L218 L208818</i>		Make: <i>Bushmaster</i>	Model: <i>XM15-E2S</i>
Caliber: <i>.223</i>	Color: <i>Black</i>	Firearm Origin: <i>Windham, ME</i>	Barrel Length: <i>16</i>	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action): <i>Semi - auto</i>

Describe Firearm (Identification Marks): <i>Black, Bushmaster AR-15 semi-auto rifle</i>					
Current Location of Firearm (including address and other information about the firearm's specific location): <i>501 E Street, Davis, CA 95616</i>					

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):					
Current Location of Firearm (including address and other information about the firearm's specific location):					



CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form



Firearm Type:			Serial Number:		Make:	Model:
<input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun						
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						
Firearm Type:			Serial Number:		Make:	Model:
<input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun						
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						
<u>K.L.</u> <i>Initial</i> Failure to file a completed Prohibited Persons Relinquishment Form (BOF 1022) with the assigned probation officer within the specified time period shall constitute an infraction punishable by a fine not exceeding \$100.						
<u>K.L.</u> <i>Initial</i> By initialing here I understand that any person who lives with me (cohabitant) and who owns firearms must store those firearms in accordance with Penal Code section 25135.						
C. Court Authorized Exception(s):						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Pursuant to Penal Code section 29810(f), the court has approved a shortened or enlarged relinquishment time period or has allowed for an alternative method for relinquishment (If checked "yes," attach court documentation).						
D. Power of Attorney (Consenting Third-Party)/Law Enforcement Designee Assignment:						
<u>Kevin Limbaugh</u> , <i>Printed Name of Defendant</i>			<u>Bill Walker</u> <i>Printed Name of Power of Attorney/LEA Designee</i>			
to have Power of Attorney for the purpose of transferring or disposing of my firearm(s).						
E. Defendant Declaration:						
As the firearm owner, I hereby declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. I understand that I, as defendant, and/or the designee are obligated to submit a completed Prohibited Persons Relinquishment Form (BOF 1022) to my assigned probation officer within the specified time period.						
<input checked="" type="checkbox"/> I have been released from law enforcement custody and understand my designee shall dispose of any firearms I own, possess, or have in my custody or control within five days of my conviction .						
<input type="checkbox"/> I remain in law enforcement custody and understand my designee shall dispose of any firearms I own, possess or have in my custody or control within fourteen days of my conviction .						
<u><i>K.L.</i></u> <i>Signature</i>			<u>11/9/2018</u> <i>Date</i>			



CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form



H. Firearm Relinquishment Information (To report additional firearms, use supplemental form (BOF 1024) - attach completed BOF 1025 form(s) and/or receipts)

Firearm Type:		Serial Number:	Make:	Model:
<input type="radio"/> Handgun	<input checked="" type="radio"/> Rifle	<input type="radio"/> Shotgun	L208818	
Caliber:	Color:	Firearm Origin:	Barrel Length:	Category (i.e. semi-automatic, single-shot, bolt action):
.223	Black	Windham, ME	16	<input type="radio"/> in. <input checked="" type="radio"/> cm. Semi-auto

Describe Firearm (Identification Marks):

Black Bushmaster AR-15 Semiauto rifle

Firearm Relinquished to:

Law Enforcement Agency
(LEA)

CA0570100 DAVIS PD 2600 5TH ST DAVIS

11/9/18

ORI No., LEA Name, and Address

CA 95616

Relinquished Firearm Date

Licensed Firearm Dealer
(CFD)

CFD No., Name, and Address

OFC. PENROSE #11

Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate

Signature of LEA Representative or CFD Salesperson/Associate

PENROSE

Firearm Type:		Serial Number:	Make:	Model:
<input type="radio"/> Handgun	<input type="radio"/> Rifle	<input type="radio"/> Shotgun		
Caliber:	Color:	Firearm Origin:	Barrel Length:	Category (i.e. semi-automatic, single-shot, bolt action):
			<input type="radio"/> in. <input checked="" type="radio"/> cm.	

Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency
(LEA)

ORI No., LEA Name, and Address

Relinquished Firearm Date

Licensed Firearm Dealer
(CFD)

CFD No., Name, and Address

Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate

Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type:		Serial Number:	Make:	Model:
<input type="radio"/> Handgun	<input type="radio"/> Rifle	<input type="radio"/> Shotgun		
Caliber:	Color:	Firearm Origin:	Barrel Length:	Category (i.e. semi-automatic, single-shot, bolt action):
			<input type="radio"/> in. <input checked="" type="radio"/> cm.	

Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency
(LEA)

ORI No., LEA Name, and Address

Relinquished Firearm Date

Licensed Firearm Dealer
(CFD)

CFD No., Name, and Address

Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate

Signature of LEA Representative or CFD Salesperson/Associate



CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form

**F. Power of Attorney Designee (Consenting Third-Party):**

Last Name: <i>Walker</i>	First Name: <i>Bill</i>	Middle Name: <i>McAlpine</i>	
Physical Residence Address: <i>501 E Street</i>	City: <i>Davis</i>	State: <i>CA</i>	Zip Code: <i>95616</i>
Date of Birth (mm/dd/yyyy): <i>5/8/1941</i>	California Driver License or Identification No.: <i>F1761084</i>	Sex: <i>M</i>	Phone No. (include area code): <i>530 771 5071</i>

I, William M. Walker, hereby agree to accept appointment as Power of Attorney for the sole purpose of transferring
 Printed Name of Power of Attorney Designee

or disposing firearms on behalf of Kevin Limbaugh, the owner or possessor of the firearm(s).
 Printed Name of Defendant

I understand that it is my legal responsibility to carry out one of the following actions on behalf of the defendant: surrender the firearms to the control of a local law enforcement agency, sell the firearms to a licensed firearms dealer, or transfer the firearms to a dealer. I understand that I, the designee, shall relinquish the firearm(s) that are in my possession within five days of when the defendant has been convicted or within fourteen days of when the defendant was convicted, if he/she remained in law enforcement custody. I understand that I am obligated to submit this completed BOF 1022 form to the defendant's assigned probation officer within the specified time period in Penal Code Section 29810 (d) and (e). In addition, I shall state the date each firearm was relinquished and the name of the party to whom it was relinquished to and attach corresponding receipts, or the optional Firearm Disposition Receipt Form (BOF 1025), from the law enforcement agency or licensed firearms dealer who took possession of the relinquished firearm(s). I declare under penalty of perjury under the laws of the State of California, that I am not prohibited by law from possessing firearms.

William M. Walker
 Signature

11-9-18
 Date

G. Power of Attorney Designee (Law Enforcement Agency):

ORI Number:	LEA Name:			
Street Address:	City:	State:	Zip Code:	Phone Number:
Printed Name of LEA Representative/Title		Signature	Date	